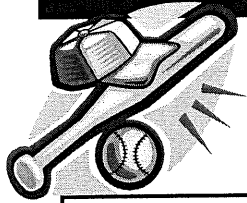


# GET READY FOR THE 2013 BASEBALL SEASON!



**REGISTRATION DAY FEBRUARY 7, 2013 4:00—8:00 P.M.**

**NEW HOLSTEIN CITY HALL, 2110 WASHINGTON ST**

Questions? Call JEFF SCHROEDER BASEBALL/SOFTBALL DIRECTOR 920-898-5648

Players  
should attend for  
uniform fitting!

## **Little Sluggers Co-ed Baseball**

4&5 year old Kindergarten Level

Learn the fundamentals of baseball while having fun. Hitting, throwing, catching, and base running will be stressed along with organized games and activities.

Session: Early May — Early July 2013 Weekly Thursday Evenings @ Kiwanis Park

2013 FEE: \$25 Residents \$30 Non-residents (Includes a shirt, to be kept by the player.)

## **Girls Softball**

Local traveling competition for girls currently in grades 1—8. Will compete together in the following grade categories 1-4, 5-6 & 7-8. Learn the fundamentals of softball along with weekly games and end of season tournaments.

Session: April thru early August Home Games are held at Kiwanis Park on Sundays

2013 FEE: \$45 Residents/\$50 Non-residents (Includes a shirt & pants to be kept by the player.)

## **Boys Baseball**

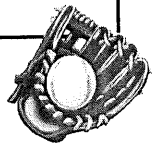
Local traveling competition for boys in grades 1—9. Will compete together in the following grade categories 1-2, 3-4, 5-6, & 7-9. Learn the fundamentals of baseball along with weekly games and end of season tournament.

Session: April thru early August Home games are held at Kiwanis Park & Funke Field:

Rookies/Minors Fridays, Little League Fridays and/or Sundays, Graders Sundays

2013 FEE: \$45 Residents/\$50 Non-residents (Includes shirt, pants & hat to be kept by the player)

**CONCUSSION FACT SHEETS WILL BE AVAILABLE AT REGISTRATION OR YOU CAN OBTAIN FREE INFORMATION AT:** [www.cdc.gov/concussion](http://www.cdc.gov/concussion), <http://sped.dpi.wi.gov/files/sped/pdf/tbi-conc-facts-parents.pdf>, [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines). **Parent & Athlete Agreements are required in order to play New Holstein Recreational Baseball.**



# Baseball/Softball Registration Form

For Office Use:

Shirt \_\_\_\_\_

Pants \_\_\_\_\_

Name on shirt: \_\_\_\_\_

Paid: cash/check \$ \_\_\_\_\_

**Registration Sign up Day: Thursday February 7, 2013, 4:00—8:00 p.m. at City Hall Lower Level.**  
**Please bring players along as uniform sizes will be determined.**  
**Contact: Jeff Schroeder, New Holstein Baseball/Softball Director, 920-898-5648**

**There will be a \$10 late fee if registering after March 11, 2013 NO Exceptions**  
**(No refunds will be given once practice has started)**

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF NEW HOLSTEIN, 2110 WASHINGTON ST, NEW HOLSTEIN, WI 53061**

Participant First/Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Gender M/F \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dads Name \_\_\_\_\_ Cell phone No. \_\_\_\_\_ Email \_\_\_\_\_

Moms Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_

## Boys Baseball

Based on current grade in school.

Cost: \$45 Residents

\$50 Non-residents

Check one:

Rookies Grades 1-2 ☐

Minors Grades 3-4 ☐

Little League Grades 5-6 ☐

Graders Grades 7, 8, 9 ☐

## Girls Softball

Based on current grade in school.

Cost: \$45 Residents

\$50 Non-residents

Check one:

Girls C Grades 1-4 ☐

Girls B Grades 5-6 ☐

Girls A Grades 7-8 ☐

## Little Sluggers

For children currently in 4K & 5K.

Cost: \$25 Residents

\$30 Non-residents

## **COACHES NEEDED!**

**Please Indicate below if interested in Coaching**  
**Application & Criminal background Check required**

\_\_\_\_\_ **Head Coach**

\_\_\_\_\_ **Assistant Coach (To Assume head coach duties in head coach absence)**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## **Waiver of Liability & Insurance Information**

Medical Insurance Carrier: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special medical conditions/allergies that the coaches should be aware of:

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name	Phone #	Name	Phone #
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I hereby certify that my child is in good physical health and may participate in all recreational activities. I will not hold the City of New Holstein or Recreational Department Staff and volunteers responsible in the event of an accident/injury as a result of my child's participation in this recreational program. I also give permission for my child to be given emergency treatment at a local hospital.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)

**City of New Holstein  
Parent & Athlete Concussion Agreement**

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

**PARENT AGREEMENT:**

I \_\_\_\_\_ have read the Parent Concussion and Head  
(please print)

Injury Information [www.cdc.gov/concussion](http://www.cdc.gov/concussion) or [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATHLETE AGREEMENT:**

I \_\_\_\_\_ have read the Athlete Concussion and Head  
(please print)

Injury Information [www.cdc.gov/concussion](http://www.cdc.gov/concussion) or [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply  
I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete this form and return to the person operating the youth athletic activity.